



Kentucky Transportation Cabinet  
Division of Motor Carriers  
**AFFIDAVIT FOR PASSENGER PLATE TRANSFER**

TC 95-37  
11/2007  
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**MAIL TO:**

P.O. Box 2007, Frankfort, KY 40602-2007  
Phone: (502) 564-4127 8:00 AM - 4:30 PM EST  
Walk-ins: 8:00 AM – 4:00 PM EST  
<http://transportation.ky.gov/dmc>

The Affiant, \_\_\_\_\_  
(Your name)

Being duly sworn deposes as follows: \_\_\_\_\_  
(Company Name)

That on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ the following vehicle

☐ Airport Shuttle, ☐ Bus, ☐ Contract Carrier, ☐ Disable Persons Vehicle, ☐ Limo, ☐ Taxi (check one).

Vehicle Identification Number \_\_\_\_\_, Make \_\_\_\_\_

Year \_\_\_\_\_, Company Unit Number \_\_\_\_\_, bearing Kentucky License Plate Number

\_\_\_\_\_ was ☐ sold, ☐ transferred, ☐ destroyed (check one).

Destroyed reason: \_\_\_\_\_ (Required)

to \_\_\_\_\_

OR WILL NOT BE FURTHER USED by the Affiant or the Affiant's company on the highways of Kentucky during the current license period in a for-hire operation. The Affiant further states that Tag Number \_\_\_\_\_  
(Division of Motor Carriers issued tag)

☐ has, ☐ has not (check one) previously been transferred within this calendar year.

\_\_\_\_\_  
*AFFIANT SIGNATURE*

\_\_\_\_\_  
*DATE*

**TRANSFER TAG TO THE FOLLOWING DESCRIBED VEHICLE:**

YEAR AND MAKE \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

COMPANY NUMBER \_\_\_\_\_

GROSS WEIGHT OR SEATING CAPACITY \_\_\_\_\_

CERTIFICATE OR PERMIT NUMBER \_\_\_\_\_



## **INSTRUCTIONS TO TRANSFER AN IDENTIFICATION PLATE**

THE FOLLOWING INFORMATION MUST BE SENT TO THIS OFFICE IN ORDER TO TRANSFER A KENTUCKY TAXICAB, DISABLED PERSON, LIMOUSINE, BUS, OR AIRPORT SHUTTLE IDENTIFICATION PLATE.

- 1) An **Affidavit (TC 95-37)** provided by the Kentucky Division of Motor Carriers.
- 2) Proof of the **Public Liability Insurance** showing the vehicle has been added to your company's existing insurance policy.
- 3) Copy of the **Vehicle Registration** for the new vehicle to be used. (Vehicle must be registered and licensed in Kentucky by the County Clerk's Office)
- 4) The **Original Kentucky Fee Receipt Card** previously issued for the identification plate from the Division of Motor Carriers (On State letterhead paper with blue ink) or a "Notarized Statement" stating the "original" fee receipt card is not available.
- 5) An **Equipment Lease Form (TC 95-15)** is required if the new vehicle is not registered to the certificate holder. LESSOR (owner of vehicle)  
LESSEE (certificate holder)
- 6) If a taxicab, the **Original Taxicab Inspection Form** for the new vehicle to be used.

**DO NOT OMIT ANY OF THE FOLLOWING DOCUMENTS REQUIRED, AS THIS WILL DELAY THE TRANSFER PROCEDURE**

**PLEASE MAIL ALL INFORMATION TO THE FOLLOWING ADDRESS:**

Kentucky Transportation Cabinet  
Division of Motor Carriers  
P O Box 2007  
Frankfort, KY 40602-2007

**If you have any questions, please contact the Division of Motor Carriers at (502) 564-4127.**